



Ref. No.: FRR/Vinayak/1024/2025-26

Dated: 19.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Shanvi.

Sex: Female **Age:** 5 Years.

Father Name: Pramod Dass.

Address: Sector 115 Shurkha Noida (U.P.).

Diagnosis: Approx 50% Thermal Burn.

Date of Admission: 19/12/2025

Overall Analysis: The patient- Baby Shanvi was brought in to our hospital by her father - Mr.Pramod Dass on 19th December 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 50% TBSA Thermal Burn Injury. The Burns is on hand area, chest, back, hip area and leg areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 5 years, the injury is of a grave nature. We plan to manage the child conservatively applying wound dressing and debridement procedures to close the wound as early as possible. Surgical Skin Grafting if required, would be undertaken at a later stage.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	49,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consummables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (In numbers)	218,000.00
Total (In words):	Two Lakh Eighteen Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

Funds - Follow Up Visits & Dressings	2,000.00
Total (in numbers)	2,000.00
Total (in words)	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	218,000.00
Stage 2	2,000.00
Total (in numbers)	220,000.00
Total (in words)	Two Lakh Twenty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Shanvi.



For Vinayak Hospital
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में

आमाव अहंकार

गदर फूनसार

स्ट्री-607 बैसमोट लाउच एवं पार्ट-2

गाड़ १८८८ - ५७

विषय :- आमाव सदायता है भायता परा ।

महोदय नवीनय तिवेदन यह है कि मेरा नाम प्रमाद

दर्शन है । मेरा विवास नेक्टर - ११५ रुरखा नोएडा,

उत्तर प्रदेश में स्थित है । मेरी एक बेटी है । जिसका

नाम शार्दूल है । उनकी आयु ५ साल है । मेरी बेटी

घर में खेल रही थी तभी उनके गर्भ पानी की

पतीले के संपर्क में उन्होंने के बारण जल गाँठ है ।

पिस के आरण से उसे नोएडा के विवाह के हास्पिटल

लैकर गया और वहाँ पर उसके डॉक्टर ने लिए

दो लाख रुपये हार रुपये जा रखा जाया गया

है । जो कि मैं यह रखा उठने में उत्तम बहुत है ।

उत्तम गार्ड है ।

को सदायता प्रदान कर ।

Date :- १९/१२/२०२५

बेटी जानाम :- शार्दूल

उम्र :- ०५ वर्ष

पार्ट :- नेक्टर - ११५ रुरखा,

नोएडा, उत्तर प्रदेश

आपका आपका दौरा

आपका प्राप्ति

प्राप्ति दौरा ।

प्राप्ति

28481

EMERGENCY ASSESSMENT

MLC 2975

NAME SANVI KUMARI AGE / SEX F DATE 19 Dec 2022 UHID 1234567890

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 40 / min

B P -

Resp Rate - 26 / min

Temp - 98F / oral

Ht / Wt - 0 /

Treatment

Investigations

580295 /

RB 5177 /

Chief Complaints

945 AM

Pain Score



11/0 Playing at home. Sec 115 No. 115 child was playing and fell into the hot water and got 1st degree burns at 7 AM. Taken to Govt Hosp where first aid was given and sent her. On exam - Extent of burn -

- (a) RT through upper medial 10%
- (b) RT through upper medial 10%
- (c) RT Breast area - axilla - 7%
- (d) RT upper medial L7 arm axilla - 5%
- Back - Bullocks both - 7%
- Lumbo Sacral area - 10%

50% 20

MLC - Tughlaq
at Govt Hosp N.D.A

**Dietary Advise &
Preventive Care**

Follow up

Admit in Burn
ward

Name & Sign of Doctor
CCMO MBBS
DMC Reg. No. 48048
MMC 24779
VINAYAK HOSPITAL NOIDA

CASH

MLC - 2975 / 25
(OUTSIDE)

UHID-P9505649



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2501379

Room No. 206/2 Catagory

Date of Admission 19/12/25



Name BABY SHANVI

S/o, D/o, W/o MR. PRAMOD DASS

Occupation

Age 5 Y Sex F

Religion HINDU

Father's/ Husband's Name MR. PRAMOD DASS

Address SEC-115 SHURKHA
NOIDA UP

Phone : Office Res.

Advance Receipt No. Date 19/12/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S. K. BEHERA Informed at 10:09 am

Admitting Dr. A. K. VERMA Informed at 10:09 am

Receptionist
Receptionist

I hereby declare that I am getting admitted in this Hospital on my own will. The expenses have been explained to me and I agree to make all payments before discharge.

I agree that I am keeping no valuable with me in the Hospital and no one will be responsible in the events of theft if any.

Jeeptika
Signature of Patient / Relative

Unit / Consultant DR. A. K. VERMA

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Infectious nature of disease : Yes/No

Outcome : LAMA / Stable / Improved / Cured / Died

Death Record filled by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery

New Born : Male / Female

Birth record filled by Dr.

Patient shifted from Room No. to

On

Shifted from Room No. to

On

Shifted from Room No. to

On

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory

